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**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

PATENTS & TRADEMARKS

OCT 22 2004

Total Number of Pages in This Submission	11	Application Number	09/591,104
		Filing Date	June 9, 2000
		First Named Inventor	Suzuki, Hiroyoshi
		Art Unit	2186
		Examiner Name	Pierre Miche Bataille
		Attorney Docket Number	16869P-010000US Technology Center 2100

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OCT 27 2004

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP George B. F. Yee	Reg. No. 37,478
Signature		
Date	October 19, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cynthia McKinley		
Signature		Date	October 19, 2004

# FEE TRANSMITTAL for FY 2005

OCT 22 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**(\$)  
**110****Complete if Known**

Application Number	09/591,104
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**METHOD OF PAYMENT (check all that apply)**

Check    Credit Card    Money Order    Other    None  
 Deposit Account:

Deposit Account Number

**20-1430**

Deposit Account Name

**Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE****Large Entity**   **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**(\$)  
**110****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid

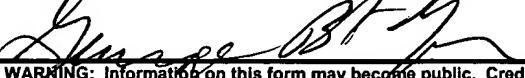
**Large Entity**   **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**(\$)  
**0**

\*\* or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)
	1051	130		2051	65
	1052	50		2052	25
	1053	130		1053	130
	1812	2,520		1812	2,520
	1804	920*		1804	920*
	1805	1,840*		1805	1,840*
	1251	110		2251	55
	1252	430		2252	215
	1253	980		2253	490
	1254	1,530		2254	765
	1255	2,080		2255	1,040
	1401	340		2401	170
	1402	340		2402	170
	1403	300		2403	150
	1451	1,510		1451	1,510
	1452	110		2452	55
	1453	1,330		2453	665
	1501	1,370		2501	685
	1502	490		2502	245
	1503	660		2503	330
	1460	130		1460	130
	1807	50		1807	50
	1806	180		1806	180
	8021	40		8021	40
	1809	790		2809	395
	1810	790		2810	395
	1801	790		2801	395
	1802	900		1802	900
			Other fee (specify)		
			*Reduced by Basic Filing Fee Paid	<b>SUBTOTAL (3)</b>	(\$110)

SUBMITTED BY					
Name (Print/Type)	George B. F. Yee		Registration No. (Attorney/Agent)	37,478	Telephone 650-326-2400
Signature				Date	October 19, 2004

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